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OCT 17 2006

*Intellectual Property Law*

*From the Desk of  
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**FACSIMILE TRANSMISSION COVER SHEET**

DATE:

October 17, 2006

TO:

Examiner Bin Shen  
Group Art Unit: 1655  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RE:

U.S. Patent Application No. 10/519,465  
Entitled: MKK7 ACTIVATION INHIBITOR  
Our Ref.: 3190-069

FROM:

Luke A. Kilyk, Esq.

FAC. TEL. NO.:

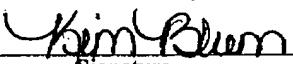
1-571-273-8300

**NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 9**

Items Attached: Response to Restriction Requirement & Election of Species Requirement -- 5 pages  
Petition for 1-month Extension of Time -- 1 page  
Fee Transmittal -- 1 page  
Credit Card Payment Form -- 1 page

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 1-571-273-8300 on October 17, 2006.

Kim Blum  
Name (Print)

  
Signature

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OCT 17 2006

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# FEE TRANSMITTAL for FY 2006

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$120.00)

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account

Deposit Account Number

Deposit Account Name

50-0925

Kilyk &amp; Bowersox, P.L.L.C.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

## Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1011	300	2011	150	Utility filing fee	
1012	200	2012	100	Design filing fee	
1013	200	2013	100	Plant filing fee	
1014	300	2014	150	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	

SUBTOTAL (1) (\$0.00)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20**=	Extra Claims	Fee from below	Fee Paid
Independent Claims				
-3**=		X		

## Multiple Dependent

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	20	2202 25 Claims in excess of 20
1201	200	2201 100 Independent claims in excess of 3
1203	360	2203 180 Multiple dependent claim, if not paid
1204	200	2204 100 **Reissue independent claims over original patent
1205	50	2205 25 **Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0.00)

\*\* or number previously paid, if greater; For Reissues, see above

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$120.00)

Complete (if applicable)

Name (Print/Type)	Luke A. Kilyk	Registration No. (Attorney/Agent)	33,251	Telephone	1-540-428-1701
Signature				Date	October 17, 2006

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Kim Blum

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